



# HAMILTON COUNTY HEALTH DEPARTMENT

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CHARLES HARRIS, M.D. • HEALTH OFFICER

## How to Pre-register for Immunization Clinics

1. The Hamilton County Health Department can only give immunizations to children 18 years and younger if they are on Medicaid, have no medical insurance or have medical insurance that does not pay for vaccines. Check with your employer or insurance carrier regarding coverage.
2. Complete a CHIRP demographic form. This form is available at our office or online at [www.hamiltoncounty.in.gov](http://www.hamiltoncounty.in.gov), go to health department and click on the immunization and testing box. If you have more than one child and the address, parents, and other demographics are the same, you can just complete one form but include the other child and/or children's complete legal name (first, middle, last), date of birth, and sex with your fax.
3. Provide a complete shot record of previous immunizations given to your child/children. A complete record includes every vaccine administered to your child during their lifetime.
4. Fax completed demographic form and immunization record to (317) 776-8506. Do not email immunization records due to HIPAA regulations. Please include a phone number or email address where you can be reached for any questions and to inform you when the records have been reviewed and you can bring your child to clinic. If you do not have access to a fax machine, you can drop the completed forms off at our office or mail them.
5. Immunization clinics are held every Tuesday and Thursday from 8:30 AM to 2:30PM at our office located at 18030 Foundation Drive Suite A, Noblesville, IN. Our office is closed for all government holidays. An administrative fee of \$8.00 per vaccine will be charged. We accept cash or credit/debit cards. A transaction fee will be charged for credit/debit card payments. Medicaid recipients **MUST** show their card at each visit to verify eligibility and waive the fee. A parent or legal guardian must accompany any child younger than 18, no exceptions. Other relatives such as a step-parent, grandparent, aunts, etc **cannot** bring a child. Legal guardianship must be established through the court system and signed by a judge or other legal entity and faxed to our office with the above information. Notarized paperwork is not an acceptable form of guardianship.
6. During busy times, we reserve the right to limit the number of children seen.

## Hamilton County Pre-Registration Demographic Form

My child has the following insurance status: **(This section MUST be completed or it will delay the registration process)**

- ☐ **Medicaid**- Child 0 thru 18 years of age that has any form of Medicaid insurance. Medicaid recipients must show their card at each visit.
- ☐ **Native American or Alaskan Native** - Child 0 thru 18 years of age, who identifies as an American Indian or Alaskan Native regardless of insurance.
- ☐ **No Health Insurance** ("Uninsured") - Child 0 thru 18 years of age who does not have health insurance.
- ☐ **Insurance Does Not Cover Vaccines** ("Underinsured") - Child 0 thru 18 years of age who has health insurance, but the health insurance does not pay for vaccine coverage, children whose insurance covers only selected vaccines (these children are categorized as underinsured for non-covered vaccines only) or children whose insurance caps vaccine coverage at a certain amount (once that coverage amount is met, these children are categorized as "No Health Insurance" or "Underinsured").
- ☐ **Fully Insured** ("Not Eligible") - Child 0 thru 18 years of age who has health insurance which provides coverage for vaccines, including those who have high deductibles, 80/20 or percentage based coverage or has a co-pay. If you do not know if your insurance covers vaccines, you need to contact them to find out.  
**We are unable to provide immunizations to any child in this category.**

Our office administers all age appropriate vaccines your child is eligible for at time of visit.

Date form completed: \_\_\_\_\_

**Please complete all boxes and print legibly with your child's information:**

<b>Last Name:</b>		<b>First Name:</b>		<b>Full Middle Name:</b>		<b>Date of Birth:</b>		<b>Age:</b>	
<b>Birth State:</b>		<b>Birth Country: (ex: USA)</b>		<b>Medicaid #:</b>		<b>Patient SSN #*:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native						<b>Hispanic Descent or Ancestry:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown			
<b>Physician Name:</b>				<b>School District Reside In:</b>					
<b>Mother Last Name:</b>		<b>Mother First Name:</b>		<b>Mother Maiden Name:</b>		<b>Mother SSN*:</b>			
<b>Father Last Name:</b>		<b>Father First Name:</b>		<b>Father SSN*:</b>					
<b>Mailing Address where child resides:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other (specify) _____									
<b>Address:</b>				<b>Home Phone:</b>		<b>Work Phone: (Direct)</b>		<b>Cell Phone:</b>	
<b>City:</b>		<b>State:</b>		<b>Zip:</b>		<b>Email Address:</b>			
<small>* Social Security Numbers may be used to identify patients and family members and are optional on this form. There are no penalties for failure to provide SSN.</small>									

Fax completed pre-registration form along with **complete** immunization record to (317) 776-8506. You may also drop forms off at our office.

After the record is reviewed, you will receive either a phone call or email from a nurse informing you if and when your child can be seen at an immunization clinic. Please do not come prior to receiving this notification. This process could take up to two (2) weeks or longer.

There is an \$8.00 administrative fee per vaccine. We accept cash or credit/debit cards. There is a small transaction fee for credit/debit card payments. Medicaid recipients **MUST** show their card at each visit to verify eligibility and waive the fee.